

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000053936

**FILED  
Mar 01, 2016  
Secretary of State  
CC6870921101**

**Entity Name:** STATEWIDE PREMIUM FINANCE, INC.

**Current Principal Place of Business:**

1551 SAWGRASS CORPORATE PKWY STE 130  
SUNRISE, FL 33323

**Current Mailing Address:**

1551 SAWGRASS CORPORATE PKWY STE 130  
SUNRISE, FL 33323

**FEI Number: 65-0516148**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHAW, KAREN  
1551 SAWGRASS CORPORATE PKWY STE 130  
SUNRISE, FL 33323 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT/TREASURER  
Name            SHAW, KAREN  
Address        1551 SAWGRASS CORPORATE  
                 PARKWAY  
                 SUITE 130  
City-State-Zip: SUNRISE FL 33323

Title            SECRETARY  
Name            RAICOVICH, MONIQUE  
Address        1551 SAWGRASS CORPORATE  
                 PARKWAY  
                 SUITE 130  
City-State-Zip: SUNRISE FL 33323

Title            VP  
Name            SAMMATARO, DEBORAH  
Address        ONE MONARCH PLACE  
                 SUITE 2510  
City-State-Zip: SPRINGFIELD MA 01144

Title            DIRECTOR  
Name            CAMBI, JOSEPH  
Address        ONE MONARCH PLACE  
                 SUITE 2510  
City-State-Zip: SPRINGFIELD MA 01144

Title            DIRECTOR  
Name            MARCUS, JAMES  
Address        ONE MONARCH PLACE  
                 SUITE 2510  
City-State-Zip: SPRINGFIELD MA 01144

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN SHAW**

**PRESIDENT**

**03/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date